

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

Friends of Taetrece Harrison
Campaign Fund

2. Date of this Statement

8/27/2014

3. Estimated Membership

3

4. Amended Statement?

Yes No

Check If:

New Committee ☒ Monthly Filer

#889779
#1010

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

Schaliece M. Harrison

Chairperson

P.O. Box 8770, New Orleans, LA 70182

Treasurer

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

n/a

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

Liberty Bank & Trust

P.O. Box 60131 New Orleans, LA 70160

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☒ Principal Campaign Committee ☐ Subsidiary Committee

b. Name of Candidate

Taetrece Harrison

c. Office Sought by the Candidate

Judge Civil District Court - Domestic Section 1

9. a. Name of Person Preparing Report

Schaliece M. Harrison

b. Daytime Telephone

504-230-7264

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 27th day of August 2014

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number



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